

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$1,612.18 for date of service 05/16/02.
- b. The request was received on 07/15/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. UB-92
  - c. EOB/TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of the request on 08/01/02, per the MDRIS system. Also, on 08/08/02, a copy of the initial TWCC 60 packet was faxed to the carrier. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. A copy of the Dispute Resolution Information System Log, #5 and a fax Confirmation Sheet, Job #215, are reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

"Fair and Reasonable determinations set by (Auditing Company) (any amount lower than our determined fair and reasonable rate amount) do not apply to our claims and are unacceptable. It is our position that the charges are reasonable and within the usual and customary for this procedure. Therefore, we request immediate reconsideration of the denied charges and seek an additional amount of **\$2,169.90**."
2. Respondent: No response found in the case file.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/16/02.
2. The provider billed \$2,230.30 for date of service 05/16/02.
3. The carrier paid \$61.00 for date of service 05/16/02.
4. The amount in dispute is \$1,612.18 for date of service 05/16/02.
5. The carrier denies additional reimbursement on the submitted EOB as "M-CHARGES REDUCED TO FAIR AND REASONABLE. NO MAR."

Per the Texas Worker's Compensation Act and Rules §413.011:

"(d) Guidelines for medical services fees must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

Per the UB-92 submitted in the original packet, the Requestor billed the ICD-9 code of 724.4 which is Thoracic/Lumbosacral Nurt/Radiculopathy. The medical reports indicate that the injections were performed. The Provider did not submit any evidence showing similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf to demonstrate payments for fair and reasonable. Documentation is insufficient to determine if the charge of the Requestor is fair and reasonable. This does not conform to the criteria in Sec. 413.011 (d) or 133.307(g)(3(D). Therefore, additional reimbursement **is not** recommended.

The above Findings and Decision are hereby issued this 31st day of January 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb